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## \*BIBDATASHEET\*

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RULE				

## APPLICANTS

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MI

## \*\* CONTINUING DATA \*\*\*\*\*

none

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none

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## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/09/2002

MI

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>mhawkins/ma/MI</i> Examiner's Signature Initials	CA	6	30	3

## ADDRESS

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## TITLE

Re-ordering requests for shared resources

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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